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International Affairs

Housing the Elderly: An International Concern

Several foreign countries have earned excellent reputations for providing housing and related services to the elderly. One of the most unusual answers to problems in this field has been developed in Australia. The State of Victoria utilizes "Granny Flats," one-bedroom demountable units built and rented by its Housing Commission on land owned by the children of the elderly. The "flat" is removed from the property when the original tenants move from the flat or die. Rents are subsidized by state government funds and are about the same as rents for similar accommodation in public elderly housing units. As of September 1977, rents were \$14.00 per week for two persons and \$9.30 per week for a single person.

To qualify for a Granny Flat the elderly parents of the houseowner have to be in receipt of a full Australian Government Age Pension, and must not own property. The original legislation allowed for dual tenancy only, but this has now been amended to allow for single parent tenants. A further amendment has extended the scheme to allow homeowners to utilize their own funds to erect standard units on their properties. They negotiate directly with a builder who then erects the unit under Commission supervision. Under this arrangement the tenants enter into an agreement to return the unit to the Commission when it is no longer needed.

Granny Flats are self-contained units except for laundering facilities. The units comprise bedroom, bathroom, and living room with a kitchen annex. Heights of power outlets, switches, door handles, benches, etc., are geared to requirements of aged people; hand-rails, grips, ramps and other aids are provided where a tenant has a special disability.

Design and construction require the buildings to be demountable in panel sections capable of being carried through relatively narrow access points to the area on which the flat is to be erected. The units must be capable of being dismantled to original panel sections and reerected on another site, with maximum re-usability of material. The specifications allow performance criteria for greater flexibility in the kinds and materials used. To date construction of these flats has varied from steel-framed sandwich-panel to timber-framed asbestos cement and plasterboard. Timber flooring, however, is required in all units. Cost per unit erected on site with all services connected is approximately \$12,000. Cost per unit for dismantling the building, removal to a new site and reerection complete with all services is about \$5,000. Use of completely off-site fabricated units was considered but discarded due to transport problems and costs associated with on-site crane placing of units.

Special state legislation was required to overcome "land use" zoning which prohibited more than one unit on a residential lot. This was achieved by classifying the "Granny Flats" as temporary hired buildings. Control of distribution, use, and tenancy is attained by requiring units to be rented exclusively by the Housing Commission, which is also responsible for design, construction, erection, maintenance, and removal.

Less unusual, but of equal interest, are programs in Holland and Norway. The Dutch program is an attempt at a neighborhood policy for the elderly, while the Norwegian program presents an innovative extension of the social security system.

The Dutch Government last year published an 80-page, illustrated report on "Housing for Special Groups." One section of this report concerns "combination housing," which basically is an attempt to construct new housing for the elderly near nursing homes. The home would provide residents of apartments for senior citizens with emergency or temporary medical assistance as well as longer term care. The home would also function as a community center, providing meeting rooms for all the elderly of a district. A model project using this plan has been built in Dokkum (Freisian Island).

The Norwegian Government, through its National Insurance Scheme, administers a pension plan for survivors who have cared for disabled relatives. Under certain conditions, unmarried persons under 67 years of age who have stayed at home to provide care for a disabled parent or relative become eligible for benefits. The period of care must have ended and have lessened the ability of the survivor to earn a living. After an assessment of the survivor's situation, benefits may be granted in the form of a transitional or educational allowance as would be paid to a surviving spouse, or a full pension if the reduced capacity for work is expected to be permanent. Transitional benefits cover the readjustment period, while the educational allowance covers tuition and related expenses if such are necessary before suitable work can be found. The pension and allowances under this scheme are equal to the regular national pension plan.

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Housing For the Elderly – HUD Makes It Work

Patricia Roberts Harris,

Secretary, U.S. Department of Housing and Urban Development

HUD's interest in the support of housing and community development activities which benefit low- and moderate-income elderly persons is reflected in this issue of *Challenge!* This issue contains success stories from all over the Nation. They describe the diversity of older persons in their housing needs and in the services and public and private sector support needed to provide housing and environmental alternatives for older people.

HUD helps local public housing authorities, private nonprofit and for-profit housing sponsors, and local government and neighborhood groups work more effectively in securing better housing and more desirable neighborhoods for the elderly. We offer leadership and support to local governments through a targeted community development program and through increased involvement of neighborhood groups in self-improvement efforts. We have also improved both the Section 202 elderly housing direct loan program and the Section 8 rental assistance program processes. Finally, we have directed resources toward specific rehabilitation, management and service efforts aimed at carrying out the Administration's Urban Policy.

More than 108,000 Section 8 units and 16,700 units of Section 202 housing for the elderly were approved by HUD in FY 1978, bringing the total number of elderly units in HUD-assisted housing to over one million. A close working relationship now exists between the Office of Housing and that of the Assistant Secretary for Neighborhoods, Voluntary Associations and Consumer Protection (NVACP). Thus, housing production and management are complemented by the efforts of the office which provides leadership in developing services for housing residents and improving tenant management relations.

The NVACP field staff works closely with Regional and Area Office housing management staff and is charged with providing assistance and leadership in seeing that services are extended by local agencies to elderly housing projects and neighborhood residents. The overall challenge to HUD lies in linking all interrelated programs together so that the full range of needs is met. We believe that we have responded to this challenge successfully.

HUD and its predecessor agencies have over 40 years of experience in the field of providing housing for the elderly. It is only recently that we have become involved with services and related questions which have an impact on the quality of life of

elderly citizens. With the growing need for housing and services for the elderly, we expect to continue to play a significant role in providing sound housing in a good environment for those elderly who are of low and moderate income.

In the May 1975 issue of *Challenge!* we looked at programs, policies, ideas and successes in specific programs in several articles and case studies.

Today we are aware of new problems and potential solutions, and we cover some of these in this issue. You may note that stories from particular areas of the country reflect problems and solutions that are not unique to these locations but may be replicated in other places. Local government, neighborhood groups and the elderly themselves must work together to solve their problems. The information in this issue of *Challenge!* should benefit everyone, and we hope it will encourage more idea sharing and problem-solving activities among HUD, its clients, and other agencies working with the elderly.

Sharon Farmer, Photographer





The Elderly in Our Environment: Yesterday and Today

by Marie McGuire Thompson

How fascinating it has been to watch the ebb and flow of interest in the living arrangements of our growing elderly population since the late 1930's. Equally impressive has been the leadership role of HUD and its predecessor agencies, along with local public and private developers, in striving for acceptable answers.

In the early 1940's the small "zero bedroom" and one bedroom apartments designed for low-income young couples (size based on cubic feet of breathing area) in "family" public housing (with concrete floors and shelves too high for the elderly to reach) were largely being used by

elderly couples. This pattern changed temporarily with the return of veterans from World War II and began again in the early 1950's. Looking back, we are now aghast that until 1956 only elderly couples were admitted and if one died, the remaining spouse was required to move within a 30-day period.

The personal tragedy for many lone older persons was due to a lack of knowledge about the aging process and an effort to make maximum use of the limited available public housing against the flood of demand.



As a housing manager then I saw the difficulties many older tenants had in coping with their environment, the number of accidents that could have been prevented by design that was sensitive to the needs of older persons but also the heartwarming gratitude of the elderly for safe housing within their paying ability. As one elderly resident remarked, "I can now buy a new pair of shoes, the first in 10 years."

Evolvement of New Era

We've come a long way since those days, the big breakthrough being the 1956 Housing Act (10 years prior to the

establishment of the Administration on Aging) which permitted single elderly to take occupancy or remain in residence; which provided special funds to make the per room cost feasible with so many small units and to assure adequate community space for socialization, arts and crafts, counseling and other programs. These served to enrich the lives of the residents and older persons in the neighborhood.

It was my good fortune in 1955 to investigate what had been done, what worked and didn't work in housing for the elderly around the country and apply this learning to the Victoria Plaza development in San Antonio. This study was funded by the National Institute of Mental Health and the Hogg Foundation of the University of Texas. Knowledgeable social gerontologists also were made available to help work out the management techniques that would create a happy and zestful life despite the heterogeneous nature of the residents. Convincing our Regional and Washington Public Housing Authority (PHA) officials of the validity of the concept, since it was not in the all-controlling manual, was quite a challenge. Later on when I was Commissioner of the Public Housing Administration we used the concepts to guide other public housing developers in their efforts to achieve the best possible housing for the elderly citizens of their communities.

By 1961 the Housing Authorities around the country had wholeheartedly embraced this new program dimension, including the importance of location, design and management. Today we can be proud of the evolution of special housing for the elderly, its popularity being confirmed by the long waiting lists for most housing for the elderly, most particularly those serving the low income.

Beyond Housing

Just as we failed earlier to recognize the housing needs of single older persons, so too we unnecessarily fail today to provide

for the service needs in public and other housing for older persons, who, because of the onset of an impairment or frailty need something more than leisure-time programs, as essential as they are. Many need help with housekeeping, with meals, and in some cases with minor personal needs from time to time in order to stay in their communities and homes among friends and neighbors. Instead, much of our housing is designed only for those who can sustain completely independent living as if the aging process stops once they come into our housing or that our responsibility ends if cooking and housekeeping become difficult or impossible. This short-sightedness has resulted in an increasing number of older persons who can not be fully independent but who need no medical supervision being shunted off to nursing homes at a high social and monetary cost. Our goal must now be to make it possible for elderly residents to remain in their homes over the longest possible span of time until medical care is, in fact, required. HUD should require the community space in all new or substantially rehabilitated housing for the elderly to be flexibly designed so that service programs can be economically introduced with spaces scaled to accommodate them and outlets for kitchen equipment provided in the original design.

If and when the housing-services concept is broadly accepted, we will have taken another big step forward and our fine buildings then will truly respond to the realities of the aging process and to the longings of older people to remain in their homes.

Responsive Legislation

Recognizing this gap in our housing continuum for the elderly, the Congress introduced and passed the Congregate Housing Services Act of 1978, a significant breakthrough for the elderly in our communities, in our housing for

independent living and those prematurely or unnecessarily relegated to nursing homes for the want of any other alternative.

A survey by the International Center for Social Gerontology of 182 Housing Authorities with developments for the elderly built before 1970 revealed that 12.3 percent of the present residents needed basic daily services. It was stated over and over that the only other alternative was eviction and general reliance on the nursing home. Studies in States reveal that between 20 and 40 percent of older persons in nursing homes do not require that level of service. In addition, community needs for congregate housing have been estimated to be between two to four million. Competitive forecasts indicate that as time goes on this figure will grow, particularly in the upper age brackets. The rapid increase in Medicaid costs from \$1.8 billion 10 years ago to \$11 billion last year further emphasizes the need for reducing the cost of a level of care not needed and certainly not desired by elderly persons.

The Congregate Housing Services Act in a break with tradition could bring services subsidy funds as needed to the housing developer in much the same way as rental subsidies are administered. If the intent of the law is wisely implemented it will be both socially and economically logical. The Act fills the gap in our housing continuum and relates directly to the realities of the aging process. Most of us do not, overnight, go from strong, independent states to need for medical supervision. Rather, it is a gradual and continuing process as at any age. Very simply, as we age additional maintenance is required just as it is for older buildings. It is retrofitting in the human setting.

Growing Elderly Population

Apart from housing programs, the impact of the growing elderly population is emerging strongly today as so many older persons are found in older neighborhoods, many now undergoing revitalization. In Portsmouth, Virginia the "elder loan" concept is taking hold in a historical preservation area. Wisconsin has passed legislation and will launch a State-wide program of Reverse Annuity Mortgages, an old idea which has come alive. There is an increasing variety of approaches to help older persons remain in their own homes, which is the preferred lifestyle of the majority. Planners cannot any longer ignore the presence or the needs of the elderly as they search for the right answer to older persons wishing to remain in their familiar neighborhoods, whether deteriorating or attracting new investors in rehabilitation. Closed elementary schools and dormitories are seen as potential locations for housing or senior centers. The Neighborhood Housing Services plan holds great promise of identifying and reaching more older persons, discovering their individual housing needs and attempting to respond to them. While gross demographic data is not as yet available, this innovative program holds great promise and needs strong direction.

In view of this increased activity on many fronts, it is more essential than ever to have a focal point and a knowledge base in HUD to provide experience data, guidance and advocacy. Such a unit was established in 1961 and did yeoman service in a critical period of policy development. In my judgment it is even more urgently needed today when a broader base of understanding is required as we deal not just with housing but with neighborhoods and the intergenerational problems they present as well as specialized living environments and service delivery

programs. Staffed with informed housing specialists and social scientists, developers, planners, and others will turn to HUD in order to assure economical, quality developments based on solid experience and research. The loss of this focal point in HUD just when the planning arena for the elderly is expanding and exploring a variety of solutions is a severe one.

We've come a long way, but we're still far from utopia in the field of the built environment for the elderly. We must remember that only three percent of the elderly now live in specialized housing. However, some of the housing we design and manage do not reflect our knowledge of what is the right solution and approach, with, of course, proper regard for economic restraints.

The tomorrows are upon us. Older people grow older and survive in greater numbers. Are we prepared and ready or are programs for the elderly expendable as just another construction process? Of course they're not. With HUD, we'll all see to that as "we," and not "they," enter the magic circle of honorable elders.

Marie McGuire Thompson was former Executive Director of the San Antonio Housing Authority. She was appointed Commissioner of the Public Housing Administration by President Kennedy in 1961. Later she served as adviser to the Secretary of HUD on programs for the elderly and handicapped, retiring in 1973. Today she is the Housing Specialist at the International Center for Social Gerontology.

Marcia Fram, Photographer

Housing: Serving the Aged

by Morton Leeds

Generally, the Federal housing programs for the elderly have been successful throughout the United States. But those who serve the poor resemble Alice in Wonderland: forever running, yet somehow they seem to stand in place. We who have worked in housing the elderly are part of that service group: We have helped the commitment to or construction of housing for nearly a million older persons. The elderly are increasing at the rate of 1,000 per day, however, so that less than 3 years' time obliterates 20 years of accomplishment.

Throughout the years of HUD and its predecessor agencies' existence, focal points for elderly policy have shifted widely. During the existence of the Housing and Home Finance Agency (HHFA) the position was located right outside the HHFA Administrator's Office, as the Assistant Administrator for Elderly Housing. The person who held the position had formerly been staff director of the Senate Committee on Aging. Ultimately, because of his unusual political connections, he became Assistant Administrator for Legislative Affairs. There was significance to that position, since the Sections 202 and 231 programs had been enacted in 1959, and successive administrations were becoming increasingly committed to elderly housing. The focal point at the Administrator's level served to define and emphasize the concern of the Agency.

As time went by, however, the programs became more integral to HUD processes,

and the focal point was dropped lower and lower with the staff skills steadily being diffused throughout the department. In public housing, elderly residents utilized (and utilize still) more than 40 percent of all units. The question can be legitimately posed, therefore: if everyone deals with elderly programming, why do we need a focal point for policy concerns? After all, the elderly are model residents, paying the rent on time, maintaining their buildings and in general providing few of the usual tenant concerns to social housing management. This percentage of elderly in HUD programs reached a significant high in FY 1977, when nearly two thirds of all commitments for Section 8 housing assistance were for elderly units. For those concerned with equal opportunity and the rehousing of poor families with many children, elderly housing was becoming an easy "copout" to dealing with the community's other significant social problems.

The operational answer to the question is that today, there is no longer any single point of elderly focus in HUD for elderly concerns. Three offices, the Office of the Assistant Secretary for Housing and one each in the Office of Neighborhoods, Voluntary Associations and Consumer Protection and in the Office of Policy Development and Research, in one way or another deal with the elderly. Whether setting standards for independent living, developing the congregate housing services program, administering the Section 202 and 231 programs or public housing, linking to and tapping into HEW's extensive services programs, or evaluating the elderly programs. These offices are involved in housing assistance for the elderly. Only on special occasions recently, such as in helping to write the policy guides and standards for the Congregate Housing Services Program, have the experts in assistance to the elderly been required to collaborate on anything

like a systematic basis for any period of time.

The Emergence of Newly-Perceived Needs

When one group of persons is assembled in one location, needs are more glaring and programs have to be assembled to cope with the new locational facts. For the elderly, inevitably the average age is increasing, roughly at the rate of one year older for every 3 years of calendar time (some pass away, thus dropping the accrued rate of resident aging). Where formerly the elderly were being housed initially at average ages of 68-72 just 30 years ago, today it is not unusual to see residents come in at 78-82 or older.

At that point then, the needs that become sharply visible include personal care elements: food and diet needs; social service needs; medical needs; recreation; transportation; economic and safety factors. Housing may have become a necessary condition for the solution to meeting these needs, but it will not solve them. Other elements must be added in order to make them work.

A diagram has been drawn up to show how housing and medical care concerns tend to be seen by two different Government Departments: HUD and HEW. At the earlier end of the aging spectrum, 60-70 or so, housing needs are primary and HUD has gradually begun to provide for these. HEW, beginning with medical and social assumptions, works from the other end of the age spectrum, and has developed a host of institutions to meet those perceived needs. In the middle there is a gap of social and personal needs, and a lack of relationships, unmet by any institutional framework. Solutions tend to be rigid and expensive, when for instance, an older person can no longer bathe or dress himself, and ends up in a nursing home.

The current cost of nursing and medical care for the elderly to the Federal Government has exceeded \$12 billion a year, and alternate solutions are now being sought, preferably beginning with housing and social assumptions, instead of medical. Congregate housing and dining, Title III programming, group residential facilities and intermediate care short of nursing home care, are now being applied to lessen the service gap.

Nature of the Needs

By 1990 the U.S. should have about 28 million elderly, 11 million of whom will be over age 75 (a 50 percent jump over the 1970 figures). It is among this group of the "older" elderly that congregate needs will

be found in overwhelming numbers, as the percentage of those becoming frail and in need of assistance grows steadily. Again, our figures are estimates, but at this moment perhaps 70-90,000 assisted housing residents may be in need of food or personal services, such as assistance with bathing or dressing.

In 1970, the Housing Act of 1937 was amended to permit congregate housing in public housing and in Sections 221 and 236 housing. This was not utilized by any of the major programs, and as a result, congregate housing languished, except in the older Section 202 and 231 housing projects. Congregate housing is intended to help the resident maintain independence

in a normal living environment. The barriers to success in this regard were three: the tenant had to pay for services, but the poorest were those most in need; tenant selection could be a real problem for purely residentially-oriented PHA's; finally, the PHA's did not have a strong services component. The Congregate Housing Services Act of 1978 was passed by the Congress last fall, in response to these facts, and since then, a new pilot program has been shaped to carry out its intent.

Morton Leeds is Special Assistant to the Deputy Assistant Secretary for Public Housing and Indian Programs.

Changing Needs with Increasing Age and Disability



Services to the Elderly in HUD Housing

by Vincent Piper

The history of HUD's programs for housing the elderly indicates that they are highly successful for housing authorities, nonprofit sponsors, and limited dividend or private owners. In addition, for housing managers, such housing has produced very little in the way of problems with rents, occupancies, vacancies, and maintenance. For residents, there has been general satisfaction which is reflected in long waiting lists for all kinds of housing projects, and a general feeling of satisfaction. For HUD it has meant few problems stemming from default or mismanagement. Of course, the recent increase in utilities costs and subsequent increases in rents have caused some consternation among the elderly of low, moderate, or fixed incomes. These conditions presage additional concerns.

One would assume from a review of the level of satisfaction, as reflected at least in a dearth of financial, management and similar problems, that the elderly occupant of HUD-assisted housing has few concerns. Unfortunately, such is not the case. Not only are rent increases causing problems, but the constant conversions of rentals to cooperatives and condominiums (in the face of an already severe shortage of rental units for the elderly) have limited the housing choices of the elderly. Furthermore, the net effect of successful housing projects and programs is that the term of residency has increased, so that residents occupy housing units for longer periods of time, thereby creating another set of potential problems. There are certain overriding

questions which require a special approach for their resolution:

- Single-family homes are in short supply for families. The elderly have such housing available. Can we obtain such housing for families by offering good substitute elderly housing, with some choices?
- Transportation poses a frequent problem for the elderly. What is available to meet this need?
- We know much about the elderly and their needs for housing and for services to assist them with their housing. How do we plan for both the housing and the services, from the beginning, so that they blend and continue?
- Residents of HUD housing for the elderly are primarily single women. As a group they have certain requirements, based on physical, cultural, social and other factors. How do we plan for such factors when we build?
- While HUD has the housing resources, however short the supply, other agencies have the services. How can we develop a system for coordinating the two elements, both necessary to successful housing, so that housing planning includes services planning?
- Knowing that the elderly resident will undergo changes during continued occupancy, how do we plan for corresponding changes in the physical structure and in services components?

We have agreements with the Department of Health, Education and Welfare, the Administration on Aging, and the Department of Transportation for mutual cooperation. But there is no method of coordinating efforts of two or more programs for a long term. HUD's 40-year Annual Contribution Contracts, 40-50 year loans, 30- or 40-year insured mortgages do not blend with services programmed on 1-, 3-, or 5-year periods. HUD's 2 years (or more) of development and construction of housing for the elderly do not match the financing available from other agencies that have to


submit plans annually. The local Housing Assistance Plans may not match the long-term services needs of the elderly in HUD housing. Yet we have staff resources in Field Offices, the Regional NCA Officers and Area NCA Representatives, who must cope with these housing services issues, along with all the other activities within their range of responsibilities, such as complaints, forums and neighborhood surveys.

A recent effort to collect data on nutrition programs in HUD projects for the elderly indicates, with incomplete returns of information, that more than 1,000 public housing projects and 100 Section 202 projects have on-site nutrition programs. New information soon to be available should indicate the numbers served by the programs. Such on-site nutrition services supplement nutrition services for the elderly in HUD housing who are served in other facilities, such as senior centers. Added to this nutrition program are the many efforts to provide transportation services, educational and recreational programs, social and health services.

Yet more and better programs are needed. However it's done, it must be done. New issues surface constantly. Conditions cry out for innovations. Leveraging of funds and programs takes on new meanings. Coordination means new and different efforts, in the absence of mandates to coordination. Such efforts, coordination, and innovation should be publicized so that one person's imagination or one group's daring may be repeated or used, with changes, to suit the special locations or needs of others.

Mr. Piper is a Community Services Specialist, HUD Office of Neighborhoods, Voluntary Associations and Consumer Protection, Wash., D.C.





Services for Congregate Housing: A New Direction for HUD

by Jerold S. Nachison, AICP

There is a "continuum of living" model associated with housing for the elderly approximating the "continuum of care" model posed in the preceding article by Mort Leeds. At one end of the living scale we see fully-independent lifestyles exemplified by private homes or apartments as in most HUD Section 202 or public housing projects for the elderly. The other end of the scale is made up of fully institutionalized, totally dependent living — the nursing home or full-care institution. There is a gray area between these two opposites encompassing various types of semidependent living, where the dollars and the concepts of both HUD and HEW overlap. These include small group homes and domiciliary and intermediate care facilities. On a limited scale these have provided the traditional alternative to institutional or nursing care. The constituency and agencies in the "aging network" see congregate housing moving to the forefront as an additional residential living alternate.

Congregate housing conceptually is a residential environment for those elderly (or nonelderly handicapped) individuals who are in fact capable of independent living, provided some of the burden of daily life is lightened; for example, meals are available, as is assistance in housekeeping and in daily living activities. Community residents normally have some recourse to programs through HEW-funded activities or the private sector; low- and moderate-income people, however, may have difficulty in getting services due to the sometimes spotty and uneven nature of existing delivery systems, legal or regulatory limitations, and inability to bear the costs. Many such

people end up, unnecessarily, in institutions at a great burden to the taxpayers. About 30 percent of all nursing home residents are there because of insufficient community-based support services, rather than intrinsic need.

What Is Congregate Housing?

Generally, congregate housing provides a form of assisted group living or multifamily environment in which initially the housing project has suitable facilities for providing meals in a group setting. The management, then, makes arrangements for meals and supportive social and other services needed by the residents. One working definition of congregate housing, as postulated by the International Center for Social Gerontology is:

"Congregate Housing" is an assisted group living environment that offers the elderly who are functionally impaired but otherwise in good health, the residential accommodations and supporting services they need to maintain or return to a semi-independent lifestyle and prevent premature or unnecessary institutionalization."

HUD Activity in Congregate Housing:

Marie McGuire Thompson, a former Public Housing Commissioner, initiated several congregate housing demonstrations in a number of public housing projects in the mid-1960's. Specific arrangements were made by HUD and the Public Housing Authority either with the State, local government or local service providers to ensure an ongoing source of funds for these demonstrations, which are still in operation.

About 160 congregate projects have been built under the Sections 202 and 231 programs; several are now being built under Section 8. Six congregate facilities, it is estimated, have been built in public housing. HUD has had specific congregate housing authority since 1970 under Section 115 of the Housing Act of 1970 and Section 7, of the U.S. Housing Act of 1937 as amended by the Housing and Community Development Amendments of 1974.

Recent research studies, however, have estimated current need for the elderly in public housing and Section 202 housing alone as perhaps 15 percent of the elderly individuals in residence. This could be as many as 100,000 persons in need of congregate services to enable them to remain in their own homes. Given such need, the obvious question is posed: Why have so few congregate facilities been built? The answer is simply, because of the lack of an assured and ongoing service of funding for meals and supportive services.

Both nonprofit and for-profit sponsors, and public housing authorities (PHA's) have hesitated to propose congregate facilities in their construction applications. A 30-year or more HUD-insured mortgage loan or commitment, when supportive services from HEW or local government are only available on an annual basis, without assurance of continuity, is a major risk for a housing sponsor, especially since such HEW funding covers a wide array of differing services and eligibility requirements. There have been, of course, some notable successes, such as Takoma Towers in Silver Spring, Maryland, and Victoria Plaza in San Antonio, Texas. The difficulties of packaging the necessary

program in congregate housing projects, however, have deterred sponsors from proposing congregate projects. The risk of needing to carry the services package through full tenant contributions because of the lack of guaranteed dollars for services, and tenant inability to pay for them has kept both developer and PHA activity minimal. There is now some activity among the new Section 202 borrowers in developing congregate facilities, but it is too soon to know the extent to which these new Section 202 congregate projects will in fact be able to offer an ongoing congregate services package on their own.

The Congregate Housing Services Act of 1978

The 95th Congress responded to the limitations of existing congregate housing efforts by enacting the Congregate Housing Services Act of 1978, which is based on research, extensive hearings, and Maryland's Sheltered Housing Program, among others. The initial authorization was for a renewable 4-year program of 3-5 year grants, of \$120,000,000 (\$25,000,000 in FY 1979); \$10,000,000 was actually appropriated by Congress for FY 1979 HUD start-up. The legislation - direct funding of services by HUD - is a new concept, differing from the agency's general bricks and mortar orientation. HUD's pilot program will ease the agency into the supportive services business which can be expected to encourage stronger links with HEW in planning and program development. The statute provides a total services funding mechanism enabling selected public housing authorities and

Section 202 sponsors to receive funds to provide a package including meals, personal assistance and housekeeping services to elderly and nonelderly handicapped individuals.

Evidence in testimony on the original bill has suggested that congregate housing services can be of benefit to the taxpayer. The direct costs of congregate housing services are an **offset** to Medicaid – by providing a services package to individuals in their own homes and thereby preventing or delaying premature or unnecessary institutionalization. For example, in testimony given on the bill, July 20, 1978, Senator Harrison Williams quoted the executive director of the San Antonio Housing Authority who estimated that the Authority could provide the services package for about two to five dollars per person per day, as compared to local nursing home costs of \$25-\$30 per person a day, or to San Antonio State Hospital costs of \$59 a person per day. In addition, Senator Williams quoted the International Center for Social Gerontology's comparison of the cost of congregate housing with services at \$406.50 a month (including rent) and intermediate nursing care at \$675.00 a month for savings of \$268.50 a month (nearly a 40 percent saving), or \$3,222.00 a year per person.

HUD's Congregate Housing Services Program:

This summer HUD will implement a pilot program in which 3-year grants will be available to selected PHA and Section 202 borrowers. The program is one of very limited competition due to the estimated 45-70 awards which can be funded. HUD

hopes that perhaps 2000 eligible individuals will be served initially.

Of the \$10,000,000 available, 10 percent (\$1,000,000) will be retained by HUD Headquarters for inflation allowances and other adjustments in grants; \$9,000,000 will be available to grantees at an average of \$3,000,000 a year; and the funds will be split at about 50 percent PHA and 50 percent Section 202. Within this general division there will be an approximate 80 percent/20 percent dollar split between existing projects and new construction. Overall, the elderly will receive about 85 percent of the total funds with the nonelderly handicapped receiving 15 percent. The awards should be announced by HUD sometime this fall.

Key program components are:

1. HUD will provide 3-year grants to PHA and Section 202 borrowers, which will be renewable, to provide meals and other services as appropriate to program participants.
2. Each grantee must establish a Professional Assessment Committee (PAC) to screen all project residents who wish to apply and determine program eligibility, including admission and termination. The PAC will also make appropriate recommendations to project management for services needs.
3. Each applicant and grantee must involve residents, the PAC, the Area or State Agency on Aging, or the local or State agencies serving the nonelderly handicapped, as appropriate, in the

planning of services, application review, operations, and program re-application.

4. Funds from this program *cannot* be used to replace existing HEW, PHA, Section 202 sponsored or other program funding sources. There is a requirement for a maintenance of existing effort.
5. HUD will conduct an in-depth evaluation of the extent to which HUD/HEW coordination is achieved; the extent to which this program avoids or duplicates existing programs; and the extent to which the program is successful in preventing unnecessary institutionalization of elderly and nonelderly handicapped individuals, including any savings involved. Grantees will do a self-assessment, and will provide an annual report to HUD.

This demonstration should provide a new mechanism for quality assisted independent living. Even if we can assume that there is a large enough grantee and participant pool to provide data for a meaningful evaluation, several years of study are still needed; however, the evaluation will address the efficiency and effectiveness of the program for program participants, i.e., frail elderly and nonelderly handicapped, the PHA's, 202 sponsors, HUD, and HEW. We hope to encourage direct involvement of HEW in the study and to listen closely to the views of the participating elderly and nonelderly handicapped individuals. The prognosis for this program is bright if it lives up to the hopes of its supporters.

Mr. Nachison is Acting Chief, Community Services, Office of Neighborhoods, Voluntary Associations and Consumer Protection, HUD, Wash., D.C.

Sharon Farmer, Photographer



HUD Residential Clubs for the Elderly/Pittsburgh

by Randy Harris

Within about a year, 100 elderly residents of Pittsburgh's historically rich North Side area will be living in renovated scattered-site homes made available through a HUD-supported demonstration program for group living. This housing was planned as an alternative to institutionalization, living alone, public housing and boarding homes.

Clearly addressing an ever-growing problem of the 1970's, the City of Pittsburgh's plan for these so-called "residential clubs" is designed to combat displacement in such neighborhoods. The idea is to help give long-time neighborhood residents a stake in the benefits of an extensive array of programs aimed at inner-city revitalization.

Approved in November of 1978 under HUD's Innovative Community Development Block Grant Program, the City's overall \$1.5 million plan links the resources of virtually every level of government and the community with the goal of setting up a workable system to house low- and moderate-income elderly persons in comfortable physical conditions, complemented by a variety of needed human services.

The plan is an intricate one. But because it is what the HUD grant name implies, an innovation, it will be closely monitored by everyone concerned with housing and caring for the elderly.

Since HUD announced approval of \$655,000 from the Secretary's Discretionary Fund, Pittsburgh's Housing Department, the grant applicant, has received inquiries from as far away as Hawaii, all seeking information on the concept and asking for reports as the program takes off.

"We're discovering more and more as we get into this that it's an extremely complex program," says Mary Reilly of the Pittsburgh Housing Department. "But, as with any innovation, you must expect those kinds of things. If other communities are thinking of developing a similar program, they should proceed very carefully. The timing is so delicate and there are so many pieces to fit together."

Under the plan, some 20 properties in the city's Central North Side area will be purchased by a nonprofit corporation selected by the city. Chosen in June, the organization, Better Community Services, Inc., is the recipient of the property acquisition funds through the HUD grant. Nonprofit ownership is designed to protect the program, to an extent, from rising property values in the neighborhood as higher income families move in.

The properties range from a well-preserved, three-story Victorian row house on a tree-lined street in the North Side's historically designated Allegheny West area, to a two-story, publicly-owned frame "shell" located on the fringe of another historic city neighborhood, the Mexican War Streets.

Once the nonprofit owner is established, it will begin picking up options on some properties, with the assistance of the City's Urban Redevelopment Authority. A portion of the HUD grant, some \$498,000, will be used for acquisition, restoration of historic facades and, in one-fourth of the homes, the removal of architectural barriers.

Using Community Development Block Grant funds for interest subsidies and local banks, the City will administer zero interest and deferred loan programs of approximately \$800,000 for rehabilitating the homes, providing up to \$25,000 per unit, repayable over 15 years.

The number of properties to be included in the first year demonstration program is tentative at this point. Depending on the availability of suitable housing, Reilly says, the number of properties may be as low as 10; but the city intends to stick to its plan for about 40 units, housing 100 persons.

"This neighborhood is pretty close to ideal for this kind of program," said Jane Voget of HUD's Central Office Community Planning and Development staff during the recent field inspection. She admitted on this visit, her first to the City, that her conception of Pittsburgh as a grimy industrial town changed considerably after the tour.

North Side Target Area

The demonstration program neighborhood is the target of Pittsburgh's most intensive revitalization efforts. Five sections of the North Side will receive some \$42 million in rehab and mortgage subsidy assistance in the near future, funded by a city bond issue and an \$8 million Urban Development Action Grant (UDAG) approved in January. Other Federal, State and City housing and community development activities have been ongoing for 15 years.

Located just across the Allegheny River from the city's downtown, the North Side has two major hospitals within walking distance of the planned sites of the residential clubs. Also within a short distance of the program area is Allegheny Center, a modern shopping mall complex with cultural and entertainment facilities and a variety of housing developments. All of these amenities are supplemented by neighborhood senior citizen centers, operated or supported by Allegheny County's Area Agency on Aging.

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A racially balanced community, the North Side has the highest concentration of low-income elderly living alone in the city, with an estimated 2,100 persons in this category. But obviously, the city's residential club demonstration program goal of housing 100 persons will only slightly lessen that demand. So, the city hopes the new program will spur private sector involvement in a 3-year plan to establish a network of residential clubs throughout the North Side, all linked under the direction of a competent management firm selected by the City and the nonprofit owner. The management firm would supervise the rehab work, manage and maintain the property, using syndication fees received from the limited partners to create a maintenance reserve fund. Other management responsibilities would be tenant selection, information and referral, housekeeping, and liaison with a nearby senior citizen center where meals, recreation and other supportive services are offered.

Through these responsibilities, the management firm would demonstrate to private property owners, investors and the community the viability and need for moderately priced supportive housing for the elderly. The City's goal is to house 300 persons in some 60 properties by the end of the third year. Other than technical assistance to the management firm to market its services to meet the 3-year goal, the HUD Innovative Grant will be used solely for the first year demonstration program.

But even before the demonstration program becomes a reality and the 3-year plan takes hold, the concept must prove successful in the minds of members of the community-at-large and the elderly residents themselves. What will the residential clubs offer them? How do they become involved with the program from the start?

The plan has strong support in the community, as evidenced by the city's outreach informational program that has already set up a community advisory board. The living design for the individual homes will involve mutual aid and assistance among the "club members." Following screening for compatibility by the apartment managers, roommates will be selected. All of the residents will have access to a kitchen, an alternative to the free meals offered at nearby senior citizen centers or delivered to the homes. Each club member will have a bedroom but there will be only one bath per "family" of two or more persons.

To foster the club concept and socialization among the members, each home will have a common living room area serving the residents of two or three apartments.

A typical club member is expected to pay \$135 per month in club "dues," which will cover rent, housekeeping services once a week, and regular preventive health maintenance checkups.

Government Assistance

Two added facets of the demonstration program involving other government agencies will provide donated furnishings and an income earning plan for some residents to provide care to other club members.

First, the Pennsylvania Department of Community Affairs is supportive of the program and is expected to certify the nonprofit owner as an eligible recipient under the Neighborhood Assistance Program. Under this program, manufacturers and retailers receive a State income tax credit equal to the market value of the merchandise they donate to certain nonprofit organizations. An estimated \$110,000 in furnishings is expected to be donated under this program.

Secondly, Allegheny County's Area Agency on Aging has offered to place a number of clients in the residential clubs

under the agency's Domiciliary Care Project. Supplemental Security Income (SSI) recipients in need of supportive housing and who are aided in performing daily activities receive a special income supplement to their SSI checks enabling them to purchase the services of a residential caregiver. This supplemental funding will permit the employment of other club residents as caregivers.

The budget for the first year of operation to house 100 persons in some 40 units is estimated at \$318,300, according to the City. Expenses for loan repayment, taxes, maintenance utilities, furnishings and other related items total \$192,600; costs for management services, including salaries, office rent, supplies and other items is set at \$50,040; the total for support services staff consisting of a practical nurse, four homemakers and a social worker is estimated at \$55,600; and, there is a surplus reserve account of \$20,060.

Income, which will be derived from rent, or club dues from the 100 residents, is estimated at \$160,000; CETA staff salaries are budgeted as income at \$48,300; and furniture donated under the Neighborhood Assistance Act is set at \$110,000.

With \$498,000 of the HUD Innovative Grant to be used for acquisition, historic restoration and removal of architectural barriers, the remainder will aid in the selection and development of the management component and other administrative items (\$97,000); an evaluation of the program, covering a 2-year period beginning in January of 1980, is \$40,000; architectural services will cost roughly \$20,000.

"This is not the simple, easy answer to housing for the independent elderly," says Mary Reilly of the City's Housing Department. "But if it works, it will be a viable alternative."

Randy Harris is a Public Information Specialist at the Pittsburgh Area Office.

Congregate Housing: A Growing Need

By Virginia L. Deetz

Just as HUD took a giant step forward in the care of our low-income elderly in 1956, it is now time for progressive agencies to acknowledge their responsibility to seniors and to accept the challenge of the Housing and Urban Development Act of 1970, which makes provisions for congregate housing programs. Congregate public housing, which combines shelter with meals and other services, has had minimal response and limited success to date, despite its essential role in offering a larger dimension to housing programs for the elderly.

Any analysis of the population of either public housing or health care facilities points to the need for congregate housing. In Minnesota, it is estimated that 30-40 percent of persons in health care facilities need a lower level of care than they are currently receiving. There are the obvious negative effects of placements in an institutional setting, as well as substantial costs in health care facilities. Surveys of public housing residents show that a significant number of these individuals cannot cope with independent living in public housing facilities.

In Duluth, Minnesota, the Housing and Redevelopment Authority completed a study of 900 elderly persons to evaluate their needs for services such as meals, housekeeping, personal care, and health,

and to evaluate their limitations relative to mobility and age. Those surveyed included residents located in four Housing Authority high rises and residents of the Section 8 Rental Housing Program, as well as 150 applicants for subsidized housing. The study showed the following:

- 40 percent needed housekeeping assistance;
- 39 percent needed personal care assistance;
- 21 percent needed at least one meal per day; and
- 12 percent needed meals, personal care, and housekeeping assistance.

The Duluth Housing Authority feels that it has begun to meet the emerging needs of its fast-growing elderly population, with the development of the Arthur W. King Manor, its first public housing project designated for congregate living. King Manor, in addition to providing the usual and customary shelter, will provide two basic services for residents — a mandatory noon meal program and a board and lodging service. Residents in 76 of the 98 apartments will contract for 25 noon meals per month at a cost of \$40 per month or \$1.60 per meal. Additional meals, lunch or supper, are available upon request of the residents for themselves or for their guests, at cost.

The other basic service is the board and lodging service. This service, available in 22 of the 98 apartments, consists of 24-hour attendant care, three meals a day, housekeeping, personal care, and laundry. This is a nonmedical service. Medication will be supervised but not administered. The service costs \$15 a day or \$450 a month.

The individual service costs, either the \$40 for the basic meal service or the \$450 for the board and lodging service, are in addition to the shelter cost which is 25 percent of the adjusted gross income for the individual. At the present time, the average shelter cost for the elderly is \$60 a month, or a total average cost of \$100 a month (\$60 for shelter, plus \$40 for meals) for individuals in 76 of the apartments. The Authority is estimating an average of \$510 a month (\$60 shelter, plus \$450 board and lodging service) for individuals in 22 of the apartments.

Proper selection of residents for congregate living facilities is essential. Occupancy should consist of a mix of residents: those who are frail and need meals, personal care, and housekeeping services; those in need of meals and one other service; and those who need and want the service only. In Duluth, based upon the results of their study, the decision was made to permit and encourage transfers of current subsidized residents to King Manor.

In addition, because of the inclusion of the board and lodging service in King Manor, the Authority was able to offer an apartment in that facility to previous residents who had been placed in health care facilities. Their return is possible primarily because 24-hour attendant care is available, in addition to the three daily meals, personal care, and housekeeping services. A program and treatment plan for each resident receiving the board and lodging service is formulated with the assistance of the social worker, the resident, interested family members, and

an attendant for each board and lodging resident. It is anticipated that with appropriate care and planning, some of the residents will be able to move from the board and lodging floor to a more independent living arrangement within the building.

The cost-effectiveness of the program at King Manor became evident during the initial occupancy of the building. A substantial difference in cost exists between King Manor in the board and lodging section and local health care facilities. The average daily cost to persons who moved from health care facilities into King Manor had been \$37 a day or \$1,110 a month. This compares with the average cost at King Manor of \$510 a month. The approximate reduction in cost for residents in the 22 apartments at King Manor versus the cost in the health care facilities is \$600 a month or \$158,400 a year.

Congregate housing is a very humane approach to caring for our elderly, as it enables individuals to remain in their homes for a longer period of time. In addition, it permits couples to remain together when their needs for services differ. Congregate housing also provides security for residents as well as peace of mind for their families.

The combination of shelter and services in King Manor is a result of the cooperative effort of two agencies: the Housing and Redevelopment Authority of Duluth and the St. Louis County Social Service Department. At King Manor, the St. Louis County Social Service Department will operate both the meal program and the Board and Lodging program. The Authority, as owner, will

manage the building and coordinate the service programs.

The development of King Manor, both the physical plant and the programs, was a lengthy process. The building was designed to include substantial amounts of community space to accommodate the congregate meal program, as well as other areas for scheduled and unscheduled activities. The dining room overlooks majestic Lake Superior. It has a gas fireplace to simulate the warmth of a log fire, an open ceiling with a skylight, and a balcony overlooking the dining room from the floor above. The design creates a very positive attitude about the meal program.

All apartments have a living room, bedroom, bathroom, and serving pantry with stove, refrigerator, cupboards and sink. Five apartments specifically designed for handicapped persons have larger bathrooms that provide the needed turning radius for wheelchairs, curbless showers, levers on sinks and showers, tilted mirrors, medicine cabinets within reach of a person in a wheelchair, and larger doorways. All of the serving pantries in the building have counters that can be raised or lowered to accommodate persons in wheelchairs.

Programming of activities in the building encourages the mix of all residents, blending those who need services with those who do not. A part-time activities director encourages participation of all residents in arts and crafts and other activities. A multipurpose senior center, connected to King Manor via a skywalk, provides other programs and services for residents.

A residents' council provides the residents with a voice in decisions regarding their building as well as a means for carrying out special projects or programs on their own. Rap sessions for residents and management provide a less formal method for the dissemination of information.

In conclusion, it can be said that congregate housing is housing with services developed in a cooperative manner. Congregate housing takes a vast amount of cooperation from the initial planning throughout the occupancy and management phases of the program. Cooperation is essential from the local government, as it must recognize the need for housing services for the elderly and support its development. Cooperation is needed from HUD in the development of a more complex project, as well as from the Housing Authority's Commissioners and staff in their commitment to a program more difficult to develop and manage. The program needs the cooperation and dedication of the staff and the board members of the local service provider agency in committing themselves to the concept as well as to the expenditure of local dollars for services. In addition, the cooperation of the Congress and the State legislature is needed to provide legislation and dollars for congregate housing programs which can provide a humane, as well as cost-effective, means of caring for our ever-growing population of elderly citizens.

Virginia L. Deetz is director of Human Services of the Housing and Redevelopment Authority of Duluth, Minnesota.



Akron's Services to Its Elderly

by Dorothy Jackson

During a recent meeting of the Ohio Commission on Aging some interesting statistics on life expectancy were cited. These statistics noted that in 1492 life expectancy in this country was 31 years; in 1776 it was 32 to 33 years; in 1870, 39 years and in 1979, 72 years. It was further noted that in 1870 people over 65 years of age represented three percent of the total population; in 1900, four percent; and in 1979 they represent 11 percent of the population and are expected to make up 12 percent by the year 2000.

Believing these statistics to be accurate, the Akron, Ohio Metropolitan Housing Authority (AMHA) is taking measures to meet the needs of its ever-increasing senior residents. The authority currently houses over 3,000 persons who are 62 years of age or over in 17 high-rise buildings for the elderly and handicapped. The Authority has a waiting list of over 3,000 senior citizens.

Through its Social Service Department, AMHA provides a full and active program for all residents. Through collaborative planning with other service agencies, AMHA is promoting resident involvement and activity through organized tenant councils in each building and with a central advisory council that keeps the lines of communication open.

There is no speech nor language where their voice is not heard. Psalms, 19th chapter, 3rd verse. Interpreting services are provided for deaf elderly in AMHA housing.



Akron Metropolitan Housing Authority provides space and large community facilities in each building equipped with tables, chairs, piano, kitchen facilities and equipment. Dances, parties, and classes conducted by Akron University are some of the activities held in these rooms. Many activities, including craftmaking, have been organized to fill the idle hours and develop new leisure-time interests.

Library services are brought to each building by the bookmobile of the Akron Public Library as well as libraries located in each building.

Nutrition Programs are located in five of the high-rise buildings, providing one hot meal five days a week. Transportation is provided to the sites for other residents not residing in these buildings. Snack bars operated by the residents are also provided. More than food is shared.

Homemaker Service – Residents needing assistance may have a homemaker on a regular basis provided through a CETA-funded program so that elderly persons who cannot perform basic tasks for themselves may remain in their own apartments. Basic duties include: cleaning, laundry, meal preparation and planning, and personal services, including assisting with bathing, shampooing hair, helping handicapped residents be mobile.

Medical Services – On-site weekly geriatric clinics are held with the staff of Akron, Barberton and Summit County Health Departments as well as the Visiting Nurse Service. Regular visits are made to each building by a podiatrist; free hearing tests are given, and student nurses run blood pressure clinics.

An added boost to good health care is the ability to look good. This is made possible by beauty and barber shops in many of the

buildings, as well as exercise classes taught by staff members and a 70-year-old resident.

Safety – Well-lighted parking lots are provided and doors remain locked, with intercom systems in all buildings. There are special meetings with the Security Director and group discussions with local police and fire departments. There is also a "Vial of Life" Program. A special vial, containing vital information (the name of their doctor, medication, nearest relative and a picture) is located in each refrigerator in case of emergency.

Recreation – With the Authority's 46-passenger, air-conditioned bus, baseball games, concerts, theatre visits, and special events are always on the agenda. Trips have been taken by plane, train and ship to Hawaii, Nassau, Toronto, Florida and California, for example. Special fund-raising events are held to raise the money.

As an outgrowth of AMHA residents' living longer, there is a need for increasing services. In 1975, the Agency's first congregate housing facility was opened to provide assisted group living to fill the gap between living independently and in an institution. This facility offers dignity, independence and choice in a comfortable, safe building free from architectural inconveniences. The needs of the elderly of the entire community were kept in mind during the planning stages of this facility, from the front door with its curved entry drive to the recreation rooms.

Plans for Growth

Plans are now being made to convert a nearby hotel into apartments for the elderly and handicapped.

AMHA is continually faced with the question, "Where and how do we provide for those elderly persons no longer able to adequately care for themselves on a full-time basis?" The answer is a Total Life Care Center for the Elderly. A site has been selected which provides an impressive collection of many large, old residential properties. The site has more than 41 acres of unparalleled beauty and a strategic location. The outstanding combination of physical beauty, excellent construction qualities, location and neighborhood character would be difficult to duplicate in any large metropolitan area. It is located 1½ miles from the central business district, close to vital medical services, places of worship representing all denominations, and a variety of shopping areas.

This facility will provide well elderly buildings, congregate living, community activities and a nutrition center, market rate apartments, and a "middle care facility" with on-site professional services. Transportation, medical services and social services will be provided.

The development of a total elderly life care center is the necessary and vital extension of the existing elderly facilities that the Akron Metropolitan Housing Authority presently operates.

Dorothy Jackson is coordinator of Social and Tenant Services for the Akron Metropolitan Housing Authority.



Suburban Maryland Experiment in Group Living for the Elderly Proves Successful

by Ruth W. Breslow, ACSW

Hampshire 29 is a typical high-rise rental apartment house in Silver Spring, Maryland. Its 373 apartments house people of all ages, races and occupations. It is convenient to public transportation, and there is a large shopping center directly across busy New Hampshire Avenue. In the basement of the building is a convenient grocery store, a cleaner, and a hairdresser. A doctor and a dentist have offices in the building. Rentals are moderate by Washington standards. Although the history

of the 12-year-old building is somewhat checkered, under its present management upkeep and services are excellent.

Within this heterogeneous environment, a unique experiment in shared living for frail elderly has been underway for almost 5 years. Sponsored by the Jewish Council for the Aging of Greater Washington, a voluntary, multiservice agency for the aged, which is partially funded by the United Jewish Appeal Federation of Greater Washington, the project began in October 1974 with the leasing of one three-bedroom apartment. It has gradually expanded to eight three-bedroom, two-bath apartments at Hampshire 29, housing 24 people, and two two-bedroom, one-bath apartments for four people in another location in Rockville, Maryland. A total of 28 residents (6 men and 22 women) are presently served, and a modest expansion (two more apartments for four residents) is contemplated for fall '79.

The project serves older persons who can no longer live alone, who need companionship and assistance with some of the activities of daily living, but who do not want or need a nursing home. The ages of participants range from 60 to 94, the average being 81. All have some chronic handicapping condition, but are capable of basic personal care and do not require 24-hour supervision.

The Council places three individuals in one three-bedroom apartment. Each person has her own bedroom which she furnishes as she chooses. If she does not have furniture, the Council provides it, largely from donated items. Residents share the communal areas: living room, dining room, kitchen and balcony. The rooms are bright and unusually spacious, averaging 1000 square feet per apartment. No structural changes are made in an apartment, but wall-to-wall carpeting is installed and handrails

are attached to bathtubs as safety measures. Telephones are equipped with amplifiers.

Other Services Provided

An extensive supportive service component is included in the program. A social worker director and her assistant, each working part-time, screen prospective tenants, match them (a delicate and crucial procedure), and assist with initial adjustment to the move. Thereafter, they meet with residents regularly, both individually and in groups, to air problems and smooth out relationships. They oversee the daily operations of the program, and they help families develop alternative care plans when the Group Home Program is no longer appropriate.

Homemakers work 20 hours a week, and are assigned one to an apartment. The two two-bedroom apartments function as one unit and share one homemaker. They shop for all meals, and prepare and serve the main meal of the day. They escort residents to doctors, and assist with laundry and other personal care if needed.

A skilled group worker meets at least weekly with the total group and helps plan activities and outings.

Transportation is provided regularly, on a Council mini-bus, to senior citizen clubs for other social and cultural events, as well as to doctors, when families are not available to assist.

Government Support

The full cost of this program, including rental, food, and service is less than half the prevailing nursing home rates in the area, but still considerably more than most older people can afford. At one point, half of the residents received Section 8 Housing Assistance for the rental portion of their costs. Rentals average \$140 per person, and Section 8 has averaged \$90 per recipient.

Unfortunately, as resident changes occur, the number receiving Section 8 is

diminishing. Heretofore, eligibility of each resident was determined on the basis of his individual income, and he was treated as if he were in his own efficiency for the purpose of computing his subsidy.

Those who are certified in this manner continue to receive rent subsidy. However, it has become almost impossible for new residents to qualify for Section 8 because the emphasis of that program now is on large families, and the number of available efficiency certifications is minimal. In addition, it appears that regulations have now been changed to require that the combined incomes of all three apartment mates be considered, and they be treated as a family unit for purposes of establishing eligibility and computing subsidies. This has the effect of disqualifying most group home residents although they would have been eligible on an individual basis.

Another source of support for the Group Home Program is Maryland's unique Sheltered Housing program. Under this plan, which is administered by the State Office on Aging, a subsidy is received by about one-half the Group Home residents towards the cost of food and supportive services.

Another federally-funded program which has proven helpful to the Group Home Program is the Senior Aide program. The National Council of Senior Citizens administers this program under Title IX of the Older Americans Act, and the Jewish Council for the Aging is the local grantee. Some of the homemakers in the Group Home Program are Senior Aides, and their salaries are paid through the grant. This further reduces direct costs to the Council.

Even with payments by residents, and various government subsidies, the program has a small deficit which is made up through private donations to the Council.

Evaluation of the Program

In the fall of 1978, an intensive evaluation of the program was completed through a Model Project grant from the Administration on Aging. The conclusion of this evaluative effort was that the program was indeed viable, and on-the-whole, positively regarded by residents and their families. Main advantages of the program were seen to be the companionship and sense of enhanced safety it offered.

Concerns have been expressed that by offering such an extensive service package the Group Home Program might be fostering dependency or that by following a communal model the program might somehow be encroaching on individual residents' autonomy. Council has found, however, that it is serving a truly frail population who are at high risk of institutionalization. Their level of functioning and their sense of security and autonomy have been enhanced through residing in the Group Home Program. For them the program effectively matches care with need.

While in no way a substitute for HUD's extensive 202 Housing program, the group home approach is a valuable supplement. For the most part it uses existing housing stock, and does not require expensive capital investment, or the lengthy lead time associated with new construction. It can be replicated in almost any setting, be it rural, urban or small town, with modifications to meet the needs and resources of individual communities. It can be sponsored by voluntary as well as public agencies. The important point to remember is that individual programs remain small, flexible and personalized.

Mrs. Breslow is the Executive Director of the Jewish Council for the Aging of Greater Washington.



Project Frankfort, Kansas

Little Timber Housing

by Martha Earle

"Project Frankfort, Kansas" is a first in the State and one of a few in the Nation in which construction and social services for the elderly have been effectively coordinated and combined in the beginning stages of a project. The objective was to provide quality housing and strong supportive services through the elimination of overlap or duplication. The result: a substantial savings of tax dollars.

The small, yet highly significant project – named Little Timber Housing – is located in Frankfort, Marshall County, Kansas (population: 1,055), approximately 150 miles northwest of metropolitan Kansas City. The project contains 15 units (including two for the handicapped) and an expanded senior citizens' center equipped to serve the needs of up to 100 of the community's population age 60 and over.

The results exemplify the availability and workability of combined Federal, State, county and local programs and resources in providing adequate housing and congregate services for senior citizens living in rural communities.

How did it begin?

During the summer of 1978, the Director of Marshall County's Agency on Aging contacted HUD's Topeka Office about the possibility of developing social and nutritional programs at the new project for the elderly in her county.



A call from a HUD Community Services Advisor to Frankfort's mayor and director of the Section 8, New Construction project, revealed that he was definitely interested in discussing the feasibility of incorporating these programs during the initial construction stages of the project. Expediency was necessary as concrete had been poured and masonry work was being completed.

All agencies and organizations that could have an interest in developing and implementing the services were contacted quickly and a meeting was arranged. The participants included representatives from HUD, the Northeast Kansas Area Agency on Aging, the Marshall County Agency on Aging, the Marshall County Retired Senior Volunteer Program (RSVP) Director, the State's Department of Health and Environment's Food Service and Lodging Bureau, the mayor and the Frankfort City Council, the local Lions Club, and the Senior Citizens Advocates organization.

During this meeting, the participants agreed that if the Frankfort Senior Citizens program was to be effective, it should provide supportive services, not only for project residents, but for the entire community of citizens 60 and over.

The supportive services identified included nutritional meals five days a week, home-meal deliveries, transportation, information and referral, recreation, education, Retired Senior Volunteer Program (RSVP), counseling, homemaker, county health nurse, handyman, and employment.

Through this advanced planning and coordination, the multiplicity of facilities operating in the same geographic locality would be eliminated or reduced to a single multipurpose facility, resulting in a

substantial savings to taxpayers in construction, remodeling, and administrative costs.

After a survey and much discussion about the needs of the residents of the 15-unit project and the possible programs that could be incorporated in the adjoining senior center, it was agreed that the mayor would visit with the project architect to consider the feasibility of expanding the center and its kitchen facilities. The expansion would be needed to provide for the additional services and also to comply with State health and environmental requirements for the preparation of group meals.

Subsequently, a change order was drawn up and the necessary approvals obtained for the center's expansion. City Officials agreed to provide the additional \$24,950 needed, thereby avoiding such complicated alternatives as increased project rents, additional HUD funds or revenue bonds.

Other resources quickly followed. Chairs, tables, lounging furniture, eating utensils, kitchen equipment, and funds for 100 meals a week for one year were provided by a grant under the Older American Act by HEW. HUD's Section 8 Housing Assistance Payments Contract will provide \$47,880 over a 30-year period; Marshall County will provide approximately \$8,000, raised through a special mill levy for transportation for all senior citizens in the county; the Lions Club is donating a dishwasher and money, and additional funds will be provided by Federal and State agencies through county and local representatives.

Additional support is being provided, both in time and money, by the local Senior Citizens Advocates organization and other civic groups, and through individual donations.

The elderly will be involved either as salaried employees or volunteers,

depending on services and programs implemented.

Salaried jobs will include a nutrition site director, transportation, yard maintenance and beautification (a "Green Thumb" program), and cook. Volunteer programs will include reading, telephoning, visitation, assisting with meals, writing letters, running errands for the incapacitated and transportation. Eligibility criteria for all funded programs will be met.

While still in its infancy Project Frankfort, Kansas illustrates the compatibility and feasibility of coordinating Federal, State, county, and local efforts and resources in providing housing and congregate services for senior citizens.

This project is to be included in Project Idea Directory of Innovative Developments in Aging.

It is also presented in Idea Exchange, 25th Western Gerontological Society's Conference held in San Francisco, Calif., in April of this year. As a result of that presentation, approximately 100 inquiries were received from throughout the U.S. and British Columbia, Canada.

The project was also displayed at the 4th Annual Governors' Conference on Aging at Kansas University (Lawrence, Kansas) during the week of May 22, 1979.

Ms. Earle is Neighborhood and Consumer Affairs Representative, Kansas City Area Office, HUD. Before relocating to the Kansas City, Kansas Area Office in January of this year, she was Community Services Advisor in the Topeka, Kansas Insuring Office.

Housing Alternatives in Baltimore

by Selma Gross and Eugene Bartell

For some older persons a major problem is the lack of financial resources required to maintain a house and to make necessary repairs on leaking roofs and defective heating, electrical and plumbing systems. Others require housing that combines shelter with social services. Home-delivered meals, homemaker-chore and personal-care services help the older person remain at home in the familiar surroundings of friends and neighbors. These services can either delay or erase the need for institutionalized care.

Programs in Baltimore

The Baltimore City Commission on Aging and Retirement Education, through its Area Agency on Aging, has developed several outstanding programs that respond to psychological, physical and social needs of the elderly.

One of the most successful programs funded with Title III monies of the Older Americans Act is the Hardship Home Repair Program of the Baltimore City Housing and Community Development Office. Housing inspectors often encounter older owner-occupants whose houses are in need of substantial repairs. In many cases these elderly homeowners are not financially able to have repairs made; nor do they have the knowledge or ability to contract for the necessary work. The Hardship Home Repair Program utilizes Concentrated Employment Training Act trainees to perform carpentry, painting and roofing repairs under the supervision of a qualified craftsman. Another component of the program utilizes Older Americans Act monies to award repair contracts to

private contractors. The work is often beyond the capability of the hardship crews and in most cases requires the services of licensed plumbers, electricians and heating contractors.

The Commission on Aging and the Area Agency have been able to respond to housing crises precipitated by severe winter weather. Immediate and critical problems with pipes, roofs and furnaces resulting from severely cold weather this winter were repaired when the Area Agency on Aging awarded emergency funds to the Baltimore Department of Housing and Community Development. During the last several years the Area Agency on Aging has awarded more than \$300,000 for repair and renovation of almost 300 dwelling units for the elderly. Services offered by the Hardship Home Repair program help the elderly householder to remain at home in a barrier-free environment.

One recipient who is representative of recipients of services of the Area Agency on Aging is a 73-year-old widow who has lived in a rowhouse for 18 years. Services included extensive electrical repairs, installation of a new roof and a new central heating system. Most of the fixtures in the basement kitchen also needed to be replaced. The fixtures were installed on the first floor because of the resident's arthritic condition which made walking up and down the stairs difficult.

For a significant number of elderly the major problem is not so much related to physical renovations and repairs as it is to the inability to perform the essential activities required to live independently in a home or apartment. Public housing projects for the elderly, for example, were

originally designed for the well and physically able. As years passed the health and functional abilities of many of them began to deteriorate. Many became unable to perform part of their daily activities, particularly in the areas of housekeeping and meal preparation. Although assistance was needed with these activities, the individual was otherwise capable of continuing to live independently. For example, some needed all their meals provided, rather than just lunch. These residents, however, did not need the total and constant care an institution would provide. Sheltered housing, initiated by the Maryland State Office of Aging, was developed as a comprehensive approach to meeting the needs of these elderly residents and avoiding their inappropriate placement for institutional care. Many residents had limitations which rendered them unable to continue to live independently without such support services but who were not so disabled as to require the more intensive care of an institution.

The major service elements in the Sheltered Housing Program include meals, personal care services, housekeeping, counseling, screening and evaluation. Services are provided on an "as needed" basis, encouraging the development of independence whenever possible.

The benefits of combining services with shelter are exemplified by a 92-year-old woman with cardiac and arthritic conditions which significantly limited her. Prior to becoming a part of the public housing sheltered housing program she lived alone in an apartment. Gradually,

she discovered that she was no longer able to shop or prepare nutritional meals, to keep her apartment neat and clean, or to get in and out of the bathtub. She also found that in attempting to do these things she often had accidents – falling or burning herself. Since joining the sheltered program she is able to enjoy an independent life within the constraints of her limitations but without constantly fearing that her independence will be removed unnecessarily or prematurely.

Sheltered Housing is a cooperative effort of many community and State agencies, programs and organizations. Title III monies from the Area Agency on Aging of the Commission on Aging act as a catalyst to bring these “provider” agencies together and to plan for the development and expansion of the program in the City of Baltimore.

Important Need Met

The need to feel safe and secure is an important part of one’s psychological well-being. While this is true of persons of all ages, it is particularly important for the elderly, who often feel vulnerable. The Campaign Against Crime Program developed by the Commission on Aging and Retirement Education and the Mayor’s Coordinating Council of Criminal Justice, funded by LEAA, helps elderly victims of crime in their own homes. A maintenance carpenter can be dispatched immediately to repair or replace broken windows, doors and other security risks resulting from forced entry. Labor and hardware cost savings to the program’s clients through this arrangement have been considerable. The program also provides comprehensive home security inspections and offers crime prevention information. The ability to

respond quickly when elderly are victimized helps to minimize trauma and enhances and restores the older person’s sense of security and safety.

An alternate housing program, Foster Family Care, developed by the Johns Hopkins Hospital with Area Agency on Aging funds provides a home environment for old people who upon discharge from a hospital usually are placed in a nursing home.

In this program families or individuals from the community are trained to be “care-givers” so that senior citizens with health problems can live in the community. The “care-givers” are provided training by physicians, nurses, social workers, physical therapists, and nutritionists. Basic nursing skills, the importance of diets, the arrangement of living quarters so the home situation is convenient for everyone concerned are dealt with in the training programs prior to placement. Some of the care-givers are people who live alone and want someone to share their homes. The program allows older persons with disabilities to live in a normal home in a familiar community.

Housing Availability

The Section 8 Housing Program is a critical program for providing adequate housing for the City’s elderly. Currently there are almost 800 families participating in the Section 8 rental subsidy program. Of these, 775 families are headed by an elderly individual.

Providing services and programs to enable older persons to remain independent in their homes and active in their

communities has been a major mandate of the Commission on Aging and Retirement Education since its creation by City ordinance in 1973. The Area Agency on Aging, the planning and grant making arm of the Commission on Aging, has as its major objective the development and funding of services appropriate to the diverse needs of the elderly population.

The Commission on Aging and Retirement Education is a part of the City’s Human Services network. Because the Executive Director serves on the Mayor’s cabinet, there has been strong cooperation and coordination with both public and voluntary agencies in the community. By combining resources, manpower, and skills, Baltimore has developed these innovative and effective programs.

Contributions of content for this article were made by: Michael Lachance, Director, Campaign Against Crime for Older Baltimoreans, Baltimore City Commission on Aging and Retirement Education; John Huppert, Housing Inspection Administrator, Department of Housing and Community Development, Baltimore; and Marsha Ross, Johns Hopkins Hospital Department of Social Work, Community Care Program.

Ms. Gross is Executive Director of the Baltimore City Commission on Aging and Retirement Education. Eugene Bartell is Director of the Area Agency on Aging (planning arm of the Commission on Aging and Retirement Education).

Lines & Numbers

A Summary of HUD Housing Units for the Elderly*

*All figures represent number of projects/units currently insured by FHA unless otherwise noted.

Construction Programs

Section Number	Program	Status	No. of Projects	Number of Units	Value	Approx. No. of Elderly Units	% of Elderly Units	Reporting Period
3,4 Title II	Low-Income Public Housing	Active	9,812	1,177,556	Not Available	529,900 ^{1±}	45% [±]	Cumulative thru 6/30/78
202	Direct Loans for Housing for the Elderly and Handicapped	Inactive ²	330+	45,275	\$ 574,580,000	45,275	100	Cumulative thru 1972
		Active ³	760	67,866	2,133,300,000	64,964	96	Cumulative thru 4/30/79
231	Mortgage Insurance for Housing for the Elderly	Active	463	62,746	1,035,632,314	62,746	100	Cumulative thru 12/78
221(d)3	Multifamily Rental Housing for Low- and Moderate-Income Families	Active	3,322	337,113	5,025,908,981	49,763	7	Cumulative thru 12/78
221(d)4		Active	3,272	385,459	7,242,658,245			
235	Homeownership Assistance for Low- and Moderate-Income Families	Inactive ²	457,630 ⁷	458,234	8,225,030,654	Figures Not Currently Available		Total Program Figure thru Revision Cumulative Revised Program thru 9/78
		Active	12,547	12,551	354,355,937			
207	Multifamily Rental Housing	Active	2,637	285,012	3,932,318,605	3,382	1.2	Cumulative thru 12/78
236	Rental and Cooperative Assistance for Lower Income Families	Inactive	4,052	434,645	7,479,970,182	53,799	12	Cumulative thru 12/78
202/236	202/236 Conversions	Inactive	182	28,306	482,032,750	28,306	100	Cumulative thru 12/78
232	Nursing Homes and Intermediate Care Facilities	Active	1,241	141,505	1,495,653,888	141,289	100	Cumulative thru 12/78

Non-Construction Programs

8	Low-Income Rental Assistance	Existing ⁴	Active	7,589	700,234	N/A	199,178	28%	Cumulative thru 4/30/79
		New ^{4,5}							
		Construction	Active	6,232	424,217	N/A	251,034	59	Cumulative thru 4/30/79
		Substantial ^{4,5} Rehabilitation	Active	965	73,319	N/A	28,253	39	Cumulative thru 4/30/79
312	Rehabilitation Loans		Active ⁶	63,933	N/A	546,357,000	N/A	Approximately 20% of the Loans	Cumulative thru 9/30/78
23	Low Rent Leased Housing		Inactive ²	N/A	163,267	N/A	54,000+	35 ±	Cumulative thru 12/75

¹ Data does not indicate how many of these units are designed specifically for the elderly.

² Figures for original program reported through program revision.

³ Figures for revised Section 202/8 represent cumulative project reservations as of 4/30/78.

⁴ Figures represent cumulative fund reservations through reporting date.

⁵ Figures do not include Section 8 commitments attached to Section 202/8 fund reservations.

⁶ Figures represent loan commitments only.

⁷ Figures represent number of mortgages.

This table was compiled by the Community Services Staff, NVACP, with the assistance of the Management Information Systems Division, Office of Management, in the Office of Housing and the Program Budget Development Division, Office of Budget, in the Office of Administration.

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